

APPLICATION FOR APPEAL

Saint Paul City Clerk 15 W. Kellogg Blvd., 310 City Hall Saint Paul, Minnesota 55102 Telephone: (651) 266-8688

1. Address of Property being A	Appealed: 2. Numb	er of Dwelling Units:	3. Date of Letter Appealed:
4. Name of Owner:			
Address:	City:	State	:Zip:
Phone Numbers: Business	Re	sidence	Cellular
Signature:			
5. Appellant / Applicant (if other than owner):			
Address:	City:	State	:Zip:
Phone Numbers: Business	Re	sidence	Cellular
Signature:			
6 State specifically what is being appealed and why (Use an attachment if necessary):			
NOTE: A \$25.00 filing fee made payable to the City of Saint Paul must accompany this application as a necessary condition for filing. You must attach a copy of the original orders and any other correspondence relative to this appeal. Any person unsatisfied by the final decision of the City Council may obtain judicial review by timely filing of an action as provided by law in District Court.			
For Office Use Only			
Date Received:	Fee Received:	Receipt Number:	Date of Hearing: